



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9517

<b>SERIAL NUMBER</b> 09/737,327	<b>FILING DATE</b> 12/15/2000 <b>RULE</b>	<b>CLASS</b> 206	<b>GROUP ART UNIT</b> 3728	<b>ATTORNEY DOCKET NO.</b> 20589Y
<b>APPLICANTS</b> James M. Mundt, Warrington, PA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 607246,934 11/09/2000 AND CLAIMS BENEFIT OF 607172,839-12/20/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials:		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 000210				
<b>TITLE</b> Blister package for pharmaceutical treatment card				
<b>FILING FEE RECEIVED</b> 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

5165546



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9517

<b>SERIAL NUMBER</b> 09/737,327	<b>FILING DATE</b> 12/15/2000 <b>RULE</b>	<b>CLASS</b> 206	<b>GROUP ART UNIT</b> 3629	<b>ATTORNEY DOCKET NO.</b> 20589Y	
<b>APPLICANTS</b> James M. Mundt, Warrington, PA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/21/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 000210					
<b>TITLE</b> BLISTER PACKAGE FOR PHARMACEUTICAL TREATMENT CARD					
<b>FILING FEE RECEIVED</b> 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		